**Texas Department of Insurance, Division of Workers' Compensation**
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

# MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

| | | |
|---|---|---|
| Requestor's Name and Address:<br><br>DR. AHMED KHALIFA<br>1415 S. HWY 6, SUITE 400D<br>SUGARLAND, TX 77478 | MFDR Tracking #: | M4-09-A381-01 |
| Respondent Name and Box #: **47**<br><br>AMERISURE MUTUAL INSURANCE CO | | |

## PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: The Provider did not submit a position summary.

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - $311.17
3. CMS 1500s
4. EOBs

## PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "Attached please find out {sic} DWC60 response to above captioned dispute. Dr. Pham is treating doctor-no indication of referral."

Principle Documentation:

1. Response to DWC 60

## PART IV: SUMMARY OF FINDINGS

| Eligible Dates of Service (DOS) | CPT Codes and Calculations | Part V Reference | Amount Ordered |
|---|---|---|---|
| 8/22/08 | 99245 N/A | 1 thru 12 | $0.00 |
| | | | |
| | | | |
| **Total:** | | | $0.00 |

## PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011 (a-d), titled *Reimbursement Policies and Guidelines*, and 28 TAC Section 134.203, titled *Medical Fee Guideline for Professional Services*. The Guideline shall be effective for professional medical services provided on or after March 1, 2008.

1. These services were denied by the Respondent with reason code “165- Payment denied/reduced for absence of, or exceeded referral.- Denial per adjuster-not treating doctor”.
2. Review of the information submitted in this dispute indicates there is only the original explanation of benefit (EOB) submitted for the above date of service. There is no reconsideration EOB submitted. There is also no original bill submitted in this dispute.
3. Rule 133.307(c)(2)(B) states in part: Requests for medical dispute resolution (MDR), the provider shall complete the required sections of the request in the form and manner prescribed by the Division. The provider shall file the request with the MDR Section by any mail service or personal delivery. The request shall include: a copy of each explanation of benefits (EOB), in a paper explanation of benefits format, relevant to the fee dispute or, if no EOB was received, convincing documentation providing evidence of carrier receipt of the request for an EOB. The Requestor’s dispute indicates that a reconsideration was faxed to the carrier but does not include a confirmation or receipt that the Carrier actually received the reconsideration request. Under the same rule 133.307(c)(2)(A), the provider requests shall include a copy of all medical bill(s), in a paper billing format using an appropriate DWC approved paper billing format, as originally submitted to the carrier and a copy of all medical bill(s) submitted to the carrier for reconsideration in accordance with §133.250 of this chapter (relating to Reconsideration for Payment of Medical Bills).
4. Review of the Division records indicate that Dr. Suhail Al-Sahli became the treating doctor approved by the Division for the injured worker on 4/15/04.
5. The Requestor submitted the highest level of office consultation, Current Procedural Terminology (CPT) code 99245. The description of CPT 99245 by the American Medical Association (AMA) is as follows: Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history, a comprehensive examination and a medical making decision of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the presenting problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Physician’s typically spend 80 minutes face-to-face with the patient and/or family.
6. A consultation is a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. The written or verbal request for a consult may be made by a physician or other appropriate source and documented in the patient’s medical record. The consultant’s opinion and any services that were ordered or performed must also be documented by written report to the requesting physician or other appropriate source.
7. The documentation that is submitted in this dispute to support the office consultation is reviewed. It shows the history component has been met as comprehensive. The examination component shows that a comprehensive exam has been met. The medical making decision met the requirement of low complexity. This only meets 2 of the 3 required components. Therefore, a comprehensive history, a comprehensive exam and decision making of low complexity does not meet the requirement for billing CPT code 99245.
8. To further clarify, the documentation does not list the referring physician nor is there written documentation back to the referring source with the findings of the consultation. The Requestor also does not list the referring doctor on the bill. The documentation is not signed as is a requirement by Medicare and the documentation does not state the type and source of past medical records reviewed.
9. Medical Documentation under 28 TAC Section 133.210(c)(1) states: In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes.
10. The Medicare evaluation and management coding and documentation reference guide was used to audit the Provider’s documentation.
11. 28 TAC Section 134.203(a)(5) states: "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.
12. Therefore, for the reasons noted above, reimbursement to the Requestor is not recommended.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1
Texas Government Code, Chapter 2001, Subchapter G
132.203, 133.307, 133.250 and 133.210

**PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

**DECISION:**

| Authorized Signature | Auditor<br>Medical Fee Dispute Resolution | 11/2/09<br>Date |
|---|---|---|

**PART VIII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**